

		FOR BHF USE			

LL2

Supportive Living Facility

2019

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2019)

IMPORTANT NOTICE

THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN SECTION 146.265 OF THE 89 IL ADMIN CODE. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS.

I. Facility ID Number: 1000026

Facility Name: EAGLE RIDGE SLF I

Address: 875 MCKINLEY AVENUE DECATUR 62526

County: MACON

Telephone Number: (217) 872-1282 Fax # 217 872-1227

Federal Employer ID Number:

Date Current Owners were Certified: 6/23/2003

Type of Ownership:

VOLUNTARY, NON-PROFIT

Charitable Corp.

Trust

IRS Exemption Code

PROPRIETARY

Individual

☒ Partnership

Corporation

"Sub-S" Corp.

Limited Liability Co.

Trust

Other

GOVERNMENTAL

State

County

Other

In the event there are further questions about this report, please contact:

Name: Danel Erickson Telephone Number: (815) 935-1992

Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2019 to 12/31/2019 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed)

(Type or Print Name) Greg Echols

(Title) CFO, Gardant Management Solutions

Paid Preparer

(Signed)

(Print Name and Title)

(Firm Name & Address)

(Telephone) () Fax # ()

MAIL TO: BUREAU OF HEALTH FINANCE

IL DEPT OF HEALTHCARE AND FAMILY SERVICES

201 S. Grand Avenue East

Springfield, IL 62763-0001

Phone # (217) 782-1630

HFS 3745C (N-4-05)

IL478-2471

Facility Name EAGLE RIDGE SLF I

Report Period Beginning: 01/01/2019 Ending: 12/31/2019

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days

Date of change in certified units / /

	1	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period	
1	76	Single Unit Apartment	76	27,740	1
2	0	Double Unit Apartment	0	0	2
3		Other			3
4	76	TOTALS	76	27,740	4

B. Census-For the entire report period.

	1	2	3	4	5	
	Type of Unit	Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	22,930	3,359		26,289	5
6	Double Unit				0	6
7	Other				0	7
8	TOTALS	22,930	3,359	0	26,289	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified
bed days on line 4, column 4.) 94.77%

D. Indicate the number of paid bed-hold days the SLF had during this year

330 Also, indicate the number of unpaid bed-hold days the SLF
had during this year. 20 (Do not include bed-hold days in Section B.)

E. Does page 3 include expenses for services or investments
not directly related to SLF services?

YES ☐ NO ☒

F. Does the BALANCE SHEET reflect any non-SLF assets?

YES ☐ NO ☒

G. List all services provided by your facility for non-residents.
(E.g., day care, "meals on wheels", outpatient therapy)

H. ACCOUNTING BASIS

ACCRAUAL ☒ MODIFIED CASH* ☐ CASH* ☐

I. Is your fiscal year identical to your tax year? ☒ YES ☐ NO

Tax Year: 2019 Fiscal Year: 2019

* All facilities other than governmental must report on the accrual basis.

J. Does the facility have any Illinois Housing Development Authority Loans
outstanding? Yes If yes, did the facility make all of the
required payments of interest and principle? Yes
If no, explain. _____

K. Does the facility have any loans from the Federal Home Loan Bank
outstanding? No If yes, did the facility make all of the
required payments of interest and principle? _____
If no, explain. _____

L. Does the facility have any loans from the IL Dept of Commerce and
Economic Opportunity outstanding? No If yes, did the facility
make all of the required payments of interest and principle? _____
If no, explain. _____

STATE OF ILLINOIS

Page 3

Facility Name: EAGLE RIDGE SLF I

Report Period Beginning:

01/01/2019

Ending:

12/31/2019

IV. COST CENTER EXPENSES (please round to the nearest dollar)

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
	A. General Services							
1	Dietary and Food Purchase	219,477	156,713	1,686	377,876	0	377,876	1
2	Housekeeping, Laundry and Maintenance	98,309	26,852	53,624	178,785	0	178,785	2
3	Heat and Other Utilities			95,709	95,709	(18,780)	76,929	3
4	Other (specify):	0	0	36,739	36,739	0	36,739	4
5	TOTAL General Services	317,786	183,565	187,758	689,109	(18,780)	670,328	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	452,751	11,876	0	464,627	0	464,627	6
7	Activities and Social Services	42,514	3,422	0	45,936	0	45,936	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	495,265	15,298	0	510,563	0	510,563	9
	C. General Administration							
10	Administrative and Clerical	221,163	25,862	223,158	470,183	(20,162)	450,021	10
11	Marketing Materials, Promotions and Advertising	58,373	5,260	46,711	110,344	0	110,344	11
12	Employee Benefits and Payroll Taxes	0	0	234,924	234,924	0	234,924	12
13	Insurance-Property, Liability and Malpractice	0	0	36,256	36,256	0	36,256	13
14	Other (specify):	0	0	87,870	87,870	(2,552)	85,318	14
15	TOTAL General Administration	279,536	31,122	628,919	939,577	(22,714)	916,863	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,092,587	229,985	816,676	2,139,248	(41,494)	2,097,754	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			252,429	252,429	0	252,429	17
18	Interest			257,261	257,261	(18,807)	238,454	18
19	Real Estate Taxes			53,989	53,989	0	53,989	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			10,970	10,970	0	10,970	21
22	Other (specify):	0	0	236,213	236,213	0	236,213	22
23	TOTAL Ownership	0	0	810,862	810,862	(18,807)	792,055	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,092,587	229,985	1,627,538	2,950,110	(60,301)	2,889,809	24

Facility Name: EAGLE RIDGE SLF I

Report Period Beginning: 01/01/2019 Ending: 12/31/2019

V. STAFFING AND SALARY COSTS (Please report each line separately.)

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	Inc line 12	\$ Inc line 12	1
2	Licensed Practical Nurses	1	23.01	2
3	Certified Nurse Assistants	13	12.41	3
4	Activity Director & Assistants	Inc line 12	Inc line 12	4
5	Social Service Workers	0	0.00	5
6	Head Cook	0	0.00	6
7	Cook Helpers/Assistants	9	10.31	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	2	10.83	10
11	Laundry	0	0.00	11
12	Managers	5	22.13	12
13	Other Administrative	4	26.41	13
14	Clerical	Inc line 13	Inc line 13	14
15	Marketing	Inc line 12	Inc line 12	15
16	Other	0	0.00	16
17	Total (lines 1 thru 16)	34	\$	17

VII. RELATED ORGANIZATIONS

A. Enter below the names of all related organizations. Attach an additional schedule if necessary.

RELATED SLF's & HEALTH CARE BUSINESSES

Name 1	City 2
EAGLE RIDGE OF DECATUR II	DECATUR

OTHER RELATED BUSINESS ENTITIES

Name 3	City 4	Type of Business 5

B. Does your facility receive services from a parent organization or home office; the costs for which were not included on page 3? YES ☐ NO ☒

Name of related entity: If yes, what is the value of those services? \$

C. Does page 3 include any costs derived from transactions (including rent) with related parties? YES ☐ NO ☒

If so, please attach a separate schedule detailing the nature of those services, their costs as they appear on your books and the underlying cost to the related party (i.e., not including markup).

VI. (A) STATEMENT OF COMPENSATION AND OTHER PAYMENTS TO OWNERS, RELATIVES AND MEMBERS OF THE BOARD OF DIRECTORS.

	NAME and FUNCTION	Ownership Interest	Average Hours Per Work Week Devoted to this Business	Amount of Compensation for this Reporting Period	
1				\$	1
2					2
3					3
4					4
5					5
Total				\$ 0	6

VI. (B) Management fees paid to unrelated parties Amount of Fee

1	Gardant Management Solutions	\$ 140,796	1
2			2
Total		\$ 140,796	3

VIII. OWNERSHIP COSTS

A. Purchase price of land 181,886 Year land was acquired 2001

B. Building Depreciation -- Including Fixed Equipment. Round all numbers to the nearest dollar. *Total units on this schedule must agree with page 2.

	1 Units*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	76			2003	\$ 6,022,302	\$ 218,993	28	\$ 218,993	\$ (1)	\$ 3,604,862	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Leasehold Improvements				372,292	1,406	15	24,819	23,414	354,016	6
7									0		7
8									0		8
9									0		9
10									0		10
11									0		11
12									0		12
13									0		13
14									0		14
15									0		15
16									0		16
17	TOTAL (lines 1 thru 16)				\$ 6,394,594	\$ 220,399		\$ 243,812	\$ 23,413	\$ 3,958,878	17

C. Equipment Depreciation -- Including Transportation.

	Type	1 Cost	2 Current Book Depreciation	3 Straight Line Depreciation	4 Adjustments	5 Life in Years	6 Accumulated Depreciation	
18	Movable Equipment	\$ 783,575	\$ 32,030	\$ 156,715	124,685	5	\$ 709,987	18
19		0	0	0	\$		-	19
20	TOTAL (lines 18 and 19)	\$ 783,575	\$ 32,030	\$ 156,715	124,685		\$ 709,987	20

D. Depreciable Non-Care Assets Included in General Ledger.

	1 Description and Year Acquired	2 Cost	3 Current Book Depreciation	4 Accumulated Depreciation	
21		\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

Facility Name: EAGLE RIDGE SLF I Report Period Beginning: 01/01/2019 Ending: 12/31/2019

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease:

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? YES NO

		1	2	3	4	5	6		8. Is movable equipment rental included in building rental?
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*		YES NO
3	Original Building			/ /	\$			3	
4	Additions			/ /				4	
5				/ /				5	
6				/ /				6	
7	TOTAL		0		\$ 0			7	
									9. Rental amount for movable equipment \$
									10. If the facility rents any vehicles which are used for care-related purposes, please attach a schedule detailing the model year and make, the rental expense for this period and the use of the vehicle.

X. INTEREST EXPENSE

	1	2		3	4	6		7	8	9	
	Name of Lender	Related**		Purpose of Loan	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense	
		YES	NO			Original	Balance				
	A. Directly Facility Related										
	Long-Term										
1	IHDA		X	FIRST MORTGAGE	11/1/02	\$ 5,041,000	\$ 4,195,546	2/1/44	0.0605	\$ 257,261	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 5,041,000	\$ 4,195,546			\$ 257,261	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 5,041,000	\$ 4,195,546			\$ 257,261	10

* If there is an option to buy the building, please provide complete details on an attached schedule.
** If there is any overlap in ownership between the facility and the lender, this must be indicated in column 2.

Facility Name: EAGLE RIDGE SLF I

Report Period Beginning: 01/01/2019

Ending: 12/31/2019

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2019

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 614,353	\$	1
2	Cash-Patient Deposits	0		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (25,045))	220,462		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	23,181		6
7	Other Prepaid Expenses	37,616		7
8	Accounts Receivable (owners or related parties)	2,599		8
9	Other(specify): See Page 7 Attachment	2,057		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 900,267	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	181,886		13
14	Buildings, at Historical Cost	6,022,302		14
15	Leasehold Improvements, at Historical Cost	372,292		15
16	Equipment, at Historical Cost	783,575		16
17	Accumulated Depreciation (book methods)	(4,668,865)		17
18	Deferred Charges	0		18
19	Organization & Pre-Operating Costs	27,761		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(27,761)		20
21	Restricted Funds	636,336		21
22	Other Long-Term Assets (specify):	0		22
23	Other(specify):	0		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 3,327,526	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,227,793	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 54,184	\$	26
27	Officer's Accounts Payable	0		27
28	Accounts Payable-Patient Deposits	0		28
29	Short-Term Notes Payable	0		29
30	Accrued Salaries Payable	0		30
31	Accrued Taxes Payable	55,516		31
32	Accrued Interest Payable	21,153		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	466,449		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 597,301	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	0		38
39	Mortgage Payable	4,120,849		39
40	Bonds Payable	0		40
41	Deferred Compensation	0		41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 4,120,849	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 4,718,150	\$ 0	45
46	TOTAL EQUITY	\$ (490,358)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 4,227,793	\$ 0	47

*(See instructions.)

Facility Name: EAGLE RIDGE SLF I

Report Period Beginning: 01/01/2019

Ending:

12/31/2019

XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)

		1	
	I. Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 2,714,123	1
2	Discounts and Allowances	(9,137)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,704,986	3
	B. Other Operating Revenue		
4	Special Services	123,410	4
5	Other Health Care Services	0	5
6	Special Grants	0	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	5,107	8
9	Non-Resident Meals	252	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 128,769	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	18,807	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 18,807	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	4,660	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 4,660	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,857,222	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	689,109	19
20	Health Care/ Personal Care	510,563	20
21	General Administration	939,577	21
	B. Capital Expense		
22	Ownership	810,862	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 2,950,110	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (92,888)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (92,888)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,330,654	32
33	Private Pay - Net Inpatient Revenue	1,374,332	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 2,704,986	37

Operating Expenses PG 3 Other					
A. General Services			D. Ownership		
Other (specify):			Other (specify):		Amt
5200-5000-0-0	Operating Allocation	-	9100-9101-0-0	Interest & Dividend Income	-
5200-5124-0-0	Exterminating	4,322	9100-9102-0-0	Assessment Income	-
5200-5127-0-0	Rubbish Removal	8,295	9100-9103-0-0	Assessment Expense	-
5200-5130-0-0	Vehicle Expense	9,867	9200-9201-1-0	Amortization - Loan Fees	3,180
5200-5131-0-0	Transportation Service	54	9200-9202-0-0	Financing Fees	-
5300-5140-0-0	Security & Monitoring	14,202	9200-9203-1-0	Mortgage Interest Premium	-
	PG3-4.3	36,739	9200-9204-0-0	Mortgage Service Fee	10,724
			9200-9205-0-0	Mortgage Insurance Prem	21,447
			9200-9206-0-0	Participation Fee	-
			9200-9207-0-0	Letter of Credit Fee	-
			9200-9208-0-0	Bond & Draw Fee	-
			9200-9209-0-0	Remarketing and Trustee Fee	-
			9200-9210-0-0	Interest Expense-Note	-
			9200-9211-0-0	Interest Expense-LP	-
			9200-9212-0-0	Debt Write-Off	-
			9300-9301-0-0	Partnership Management Fee	1,000
			9300-9302-0-0	Asset Management Fee	19,000
			9300-9303-0-0	Incentive Management	179,336
			9300-9303-1-0	Incentive Asset Mgmt Fee	-
			9300-9304-0-0	Tax Credit Fees & Incentive Fee	1,525
			9300-9305-0-0	Organizational Expense	-
			9300-9306-0-0	Developer Fees	-
			9300-9307-0-0	Closing Costs	-
			9700-9702-0-0	Amortization Expense	-
			9900-9901-0-0	Prior Period Adjustments	-
			9900-9902-0-0	Dissolution of Business	-
			9900-9903-0-0	Loss (Gain) on Sale of Assets	-
			9900-9904-0-0	Business Interruption	-
			9900-9905-0-0	Settlement	-
			9900-9906-0-0	Property Damage Loss	-
			9900-9907-0-0	Abandonment Loss	-
			9900-9908-0-0	Grant Income	-
			9900-9909-0-0	Misc: Title, Recording, Transfer	-
			PG3-22.3	236,213	
C. General Administration					
Other (specify):		Amt			
5160-5060-0-0	Consulting	4,904			
5160-5063-0-0	Legal	2,783			
5160-5064-0-0	Accounting	262			
5160-5066-0-0	Audit	15,915			
5160-5067-0-0	Contract Labor-Serv Prov	51,000			
5160-5068-0-0	Contract Labor	10,454			
5180-5079-0-0	Bad Debt - Resident	2,552			
5180-5079-1-0	Bad Debt - Resident - Recovery	-			
5180-5080-0-0	Bad Debt - Resident Prior Period	-			
5180-5081-0-0	Bad Debt - Medicaid Pending Denial	-			
5180-5081-1-0	Bad Debt - Medicaid Pending - Recovery	-			
5180-5082-0-0	Bad Debt - Medicaid Denial Prior Period	-			
5180-5083-0-0	Bad Debt - Medicaid MCO	-			
5190-5000-0-0	Other Admin Allocation	-			
	PG3-14.3	87,870			
B. Health Care and Programs					
Other (specify):		PG3-8.3			

Operating Expenses - Reclassifications and Adjustments PG 3			
A. General Services			
Heat and Other Utilities			
3300-3303-0-0	Cable		18,780
	PG3-3.5		18,780
C. General Administration			
Administrative and Clerical			
3300-3301-0-0	Beauty Salon & Manicure		5,107
3300-3304-0-0	Internet Access		630
3300-3321-0-0	Telephone- Connection		12,611
3300-3323-0-0	Telephone- Usage		402
5190-5090-0-0	Contributions		1,412
	PG3-10.5		20,162
C. General Administration			
Other (specify):			
5180-5079-0-0	Bad Debt - Resident		2,552
5180-5079-1-0	Bad Debt - Resident - Recovery		-
5180-5080-0-0	Bad Debt - Resident Prior Period		-
5180-5081-0-0	Bad Debt - Medicaid Pending Denial		-
5180-5081-1-0	Bad Debt - Medicaid Pending - Recovery		-
5180-5082-0-0	Bad Debt - Medicaid Denial Prior Period		-
5180-5083-0-0	Bad Debt - Medicaid MCO		-
	PG3-14.5		2,552
D. Ownership			
Interest			
3300-3380-0-0	Interest Income		9,052
3300-3385-0-0	Interest Income - Reserves		9,755
	PG3-18.5		18,807
D. Ownership			
Other (specify):			
1302-1007-0-0	A/A - Goodwill		-
9200-9209-0-0	Remarketing and Trustee Fee		-
	PG3-22.5		-

Balance Sheet PG 7 Other

Balance Sheet

Other Current Assets Detail		Amt
1102-9971-0-0	A/R-Employee Advance	-
1102-9972-0-0	A/R-Gardant Mgmt Solutions	2,057
1102-9973-0-0	A/R-Insurance Reimbursement	-
1102-9974-0-0	A/R-Subscription Receivable	-
1102-9975-0-0	A/R-CIP	-
1102-9976-0-0	A/R-Other	-
1102-9978-0-0	A/R-TIF/Abatement	-
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
PG7-9.1		2,057

Other Long Term Assets Detail		
1201-0020-0-0	CIP	-
1201-0021-0-0	CIP- Land Option Addition	-
1201-0022-0-0	CIP- Other Addition	-
PG7-23.1		-

Current Liabilities Detail		Amt
2111-0040-0-0	Construction Account Payable	-
2112-0100-0-0	Accrued Asset Management Fee	19,000
2112-0101-0-0	Accrued Partnership Mgmt Fee	1,000
2112-0102-0-0	Accrued Incentive Mgmt Fee	396,849
2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-
2112-0105-0-0	Accrued Liabilities	36,277
2112-0110-0-0	Accrued Insurance	-
2112-0115-0-0	Accrued Developer Fee	-
2112-0130-0-0	Accrued MIP	-
2112-0140-0-0	Accrued Vacation	-
2112-0144-0-0	Payroll Union Dues	-
2112-0146-0-0	Payroll Benefits	-
2112-0150-0-0	Security Deposits	-
2112-0154-0-0	Unclaimed Property	2,427
2112-0155-0-0	Reservation Deposit	-
2112-0156-0-0	Buy Down Credit	-
2112-0157-0-0	Unapplied Last Month Rent	-
2112-0158-0-0	Deferred Gain on Sale	-
2112-0159-0-0	Unearned Revenue	10,896
2112-0159-1-0	Medicaid Prepayments	-
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
PG7-35.1		466,449

Income Statement PG 8 Other

Income Statement		
Other Revenue		Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	417
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	1,080
3300-3393-0-0	Insurance Adjustments	3,163
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-
3300-3202-0-0	Food & Meal Prep	-
PG8-15.1		4,660